Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08) Approved for use through 12/31/2008, OMB 0851-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| REQUEST FOR WITHDRAWAL |
|------------------------|
| AS ATTORNEY OR AGENT   |
| AND CHANGE OF          |
| CORRESPONDENCE ADDRESS |

| Application Number     | 10/766,364 (Patent No. 6,934,981) |
|------------------------|-----------------------------------|
| Filing Date            | January 28, 2004                  |
| First Named Inventor   | Waldman, et al.                   |
| Art Unit               | 3673                              |
| Examiner Name          | Santos, Robert G.                 |
| Attorney Docket Number | SIM2-PT003 1                      |

| To: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and  |  |  |  |  |  |  |  |
| all the practitioners of record;  |  |  |  |  |  |  |  |
| the practitioners (with registration numbers) of record listed on the attached paper(s); or   |  |  |  |  |  |  |  |
| the practitioners of record associated with Customer Number:3624  |  |  |  |  |  |  |  |
| NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.                             |  |  |  |  |  |  |  |
| The reason(s) for this request are those described in 37 CFR:   |  |  |  |  |  |  |  |
| 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)   |  |  |  |  |  |  |  |
| 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii)  |  |  |  |  |  |  |  |
| 10.40(c)(1)(v)  |  |  |  |  |  |  |  |
| 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:   |  |  |  |  |  |  |  |
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| Certifications  Check each box below that is factually correct, WARNING: If a box is left unchecked, the request will likely not                              |  |  |  |  |  |  |  |
| be approved.  |  |  |  |  |  |  |  |
| I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |
| Please provide an explanation, if necessary:  |  |  |  |  |  |  |  |
| *   |  |  |  |  |  |  |  |
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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. The well way depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark-Office. U.S. Department of Commence, Po. Set 1454, Userandire, Va. 2231-341-350, DON OT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (04-08)
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| AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS  |   |                             |      |                            |  |            |            |  |  |
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| AThe address of the inventor or assignee associated with Customer Number:  |   |                             |      |                            |  |            |            |  |  |
| OR   |   |                             |      |                            |  |            |            |  |  |
|  | Inventor or<br>Assignee name SFCA, Inc. |                             |      |                            |  |            |            |  |  |
| Address 501 S. 9th Street  |   |                             |      |                            |  |            |            |  |  |
| City Read  | Reading State PA                        |                             |      | Zip 19602                  |  |            | Country US |  |  |
| Telephone  | ne 610-685-6900 E                       |                             |      | mail                       |  |            |            |  |  |
| I am authorized to sign on behalf of myself and all withdrawing practitioners.   |   |                             |      |                            |  |            |            |  |  |
| Signature  | /Anthony S. Volpe/                      |                             |      |                            |  |            |            |  |  |
| Name   | Anthony S. Volpe                        |                             |      | Registration No. 2         |  |            | 8377       |  |  |
| Address (  | Jnited Plaza, S                         | uite 1600, 30 South 17th St | reet |                            |  |            |            |  |  |
| City Phila   | City Philadelphia State PA              |                             |      | Zip 19103                  |  | Country US |            |  |  |
| Date   | July 9, 2008                            |                             |      | Telephone No. 215-568-6400 |  |            |            |  |  |
| NOTE: Withdrawal is effective when approved rather than when received.   |   |                             |      |                            |  |            |            |  |  |

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This collection of information is required by 37 CFR. 138. The information is required by 47 CFR. 138. The information is obtained to retain a benefit by the public which is to file (and by the USPTO to process) an application. Condisination is a power and by \$4. U.S. 1.22 and USPTO. The will vary depending upon the information according including patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete its form and/or supposations for reducing this burden, should be sent to the Chief Information Officer, U.S. Pathet and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Pathetins, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Pathetins, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Pathetins, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Pathetins, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioned for Pathetins of the Chief Temple Pathetins of the P

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